

1-2877		5a.	5b. 3	19	5c.	21-2001	Foreign Country
7. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)		8. ONSLAW, NC					
9. NO		10. PLACE OF DEATH (If not institution, give street and number)					
11. HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other (Specify)		12. RESIDENCE <input type="checkbox"/> Other (Specify)					
13. FACILITY NAME (If not institution, give street and number)		14. (b)(3): CPSA Section 25(c)		15. HUBERT		16. INSIDE CITY LIMITS? (Yes or No) NO	
17. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify)		18. SURVIVING SPOUSE (If wife, give maiden name)		19. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		20. KIND OF BUSINESS/INDUSTRY	
21. 10. Never married		22. 11.		23. 12a. Infant		24. 12b. Never Worked	
25. RESIDENCE - STATE		26. COUNTY		27. CITY/TOWN/POST OFFICE		28. STREET AND NUMBER	
29. (b)(6)		30. (b)(6)		31. (b)(6)		32. (b)(6)	
33. INSIDE CITY LIMITS (Yes or No) NO		34. ZIP CODE 28539		35. Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify)		36. RACE - American Indian, Black, White, etc. (Specify) WHITE	
37. 13e.		38. 13f. 28539		39. 14.		40. 15. WHITE	
41. FATHER'S NAME (First Middle Last)		42. (b)(6)		43. MOTHER'S NAME (First Middle Last)		44. (b)(6)	
45. 17. (b)(6)		46. 18. (b)(6)		47. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		48. 19b. (b)(6)	
49. 19a.		50. (b)(6)		51. DATE AMENDED		52. 19c.	
53. PART I. Enter the immediate causes, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, specify alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)		54. IMMEDIATE CAUSE (Final disease or condition resulting in death)					
55. (b)(6)		56. PENDING FURTHER STUDIES					
57. (b)(6)		58. DUE TO (OR AS A CONSEQUENCE OF):					
59. (b)(6)		60. DUE TO (OR AS A CONSEQUENCE OF):					
61. (b)(6)		62. DUE TO (OR AS A CONSEQUENCE OF):					
63. 20a.		64. d.					
65. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.		66. 20b.					
67. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		68. DATE OF INJURY (Month, Day, Year) 08-09-01		69. TIME OF INJURY 22:2200M		70. INJURY AT WORK? (Yes or No) NO	
71. 21c. <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Not Determined		72. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) HOME		73. LOCATION (Street and Number or Rural Route Number, City or Town, State) (b)(6)		74. 21a. YES	
75. 22a.		76. (b)(6)		77. (b)(6)		78. 21b. (Yes or No)	
79. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier)		80. DESCRIBE HOW INJURY OCCURRED FOUND DEAD WEDGED IN CRIB					
81. 23a.		82. 22b. ±2200 M.					
83. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)		84. DATE SIGNED (Month, Day, Year) 08-10-2001					
85. (b)(6)		86. DATE PRONOUNCED DEAD (Month, Day, Year) 08-09-2001					
87. 24a. (b)(6)		88. M.D. ONSLOW MEMORIAL HOSPITAL, JACKSONVILLE, NC					
89. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		90. PLACE OF DISPOSITION (Name of cemetery, crematorium, etc.) (b)(6)		91. LOCATION - City or Town, State, Zip Code		92. 25b.	
93. 25a. <input type="checkbox"/> Other (Specify)		94. NAME AND ADDRESS OF FUNERAL HOME (b)(6)		95. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (b)(6)		96. LICENSE NUMBER	
97. 26a. (b)(6)		98. (b)(6)		99. (b)(6)		100. 26b. 1614	
101. (b)(6)		102. (b)(6)		103. (b)(6)		104. 26c. 1614	
105. (b)(6)		106. (b)(6)		107. (b)(6)		108. 26d. 1614	

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NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION

F200106784

SUPPLEMENTAL REPORT OF CAUSE OF DEATH

NAME OF DECEASED

(b)(3):CPSA Section 25(c)

DATE OF DEATH
08/09/01

COUNTY OF DEATH
Onslow

SEX
F

RACE
White

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure.
List only one cause on each line.

Approximate Interval Between
Onset and Death

IMMEDIATE CAUSE
(Final disease or
condition resulting
in death)

a. Asphyxia
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions
if any, leading to immediate
cause. Enter UNDERLYING
CAUSE (Disease or injury
that initiated events
resulting in death) LAST.

b. Wedged between pillow and crib bumper
DUE TO (OR AS A CONSEQUENCE OF):

c. _____
DUE TO (OR AS A CONSEQUENCE OF):

20a.

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

20b. WAS AN AUTOPSY PER-
FORMED (YES OR NO)
21a. YES

Were Autopsy Findings Available Prior to Com-
pletion of Death Certificate?
21b. (Yes or No) YES

MANNER OF DEATH
☐ Natural ☒ Accident ☐ Suicide
21c. ☐ Homicide ☐ Pending ☐ Not Determined

DATE OF INJURY
(Month, Day, Year)
22a.

TIME OF
INJURY
22b.

INJURY AT WORK?
(YES OR NO)
22c.

DESCRIBE HOW INJURY OCCURRED
22d.

PLACE OF INJURY - At home, farm, street, factory, office
building, etc. (Specify)
22e.

LOCATION (Street and Number or Rural Route Number, City or Town, State)
22f.

TIME OF DEATH
22g. 11/26/01

To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier)

23a. (b)(6)

DATE SIGNED (Month, Day, Year)

23b. 11/26/01

NAME AND

DATE PRONOUNCED DEAD
(Month, Day, Year)

24a.

24b.

Note: All entries in the medical and cause-of-death section supersede the corresponding entries on the original certificate.

1263 (Revised 6/90)

RECORDS (Review 6/93)